Department of Aging

BUDGET SUMMARY - BUDGETED COSTS

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TITLE III AND VII PROGRAMS

BUDGET PERIOD:				[]ORIGINAL [] REVISION NO.		GRANT NO.:		DATE:	PSA NO.:
COST			(a) Total Amount	(b) Area Plan	(c) III B			(f) III D	(g) VII	(h) VII
CATEGORIES			Budgeted	Admin	Supportive Svcs	Congregate Nutr	Home Del Nutr	Disease Prev	Ombudsman	Elder Abuse Prev
		CASH								
1. Personnel	(+)	IN-KIND								
		CASH								
2. Staff Travel	(+)	IN-KIND								
		CASH								
3. Staff Training	(+)	IN-KIND								
		CASH								
4. Equipment	(+)	IN-KIND								
		CASH								
5. Consultants	(+)	IN-KIND								
		CASH								
6. Food Costs	(+)	IN-KIND								
		CASH								
7. Other Costs	(+)	IN-KIND								
8. DIRECT AREA		CASH								
AGENCY COSTS	(=)	IN-KIND								
9. Indirect or Grantee		CASH					1			
Allocated Costs	(+)	IN-KIND								
1111000000	()	11, 121,12								
10. TOTAL AREA		CASH								
10.101112111211		0.1011								<u> </u>
AGENCY COSTS	(=)	IN-KIND								
11. Cost of Contracted		CASH								
Services	(+)	IN-KIND								
50111005	(')									
12. TOTAL AREA		CASH								
12. TOTHE MICEN		C. 1011								
PLAN COSTS	(=)	IN-KIND								
13. TOTAL CASH & IN										
					<u> </u>		<u> </u>			<u></u>

BUDGETED FUNDING AND MATCHING CONTRIBUTIONS

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TITLE III AND VII PROGRAMS

BUDGET PERIOD:			[]ORIGINAL	REVISION NO.	•	GRANT NO.:		DATE:	PSA NO.:		
SECTION A		(a) Total Amount	(b) Area Plan	(c) III B	(d) III C-1	(e) III C-2	(f) III D	(g) VII	(h) VII		
FUNDING SOURCES		Budgeted	Admin	Supportive Svcs	Congregate Nutr	Home Del Nutr	Disease Prev	Ombudsman	Elder Abuse Prev		
1. Grant Related Income	CASH										
2. NSIP	CASH										
3. Non-Matching	CASH										
Contributions	IN-KIND										
4. State Funds	CASH										
5. Matching	CASH										
Contributions	IN-KIND										
6. Federal Funding	CASH										
7. TOTAL AREA	CASH										
PLAN FUNDING	IN-KIND										
8. TOTAL CASH & IN-KIN											
SECTION B		1	<u>I</u>		SECTION B - CO	OSTS TO BE MA	TCHED INSTRU	UCTIONS:			
						n Costs to be Mat					
MINIMUN	1 MATCHING	REQUIREMENTS	1		Pg 1 col (b) Line 13 minus Pg 2 col (b) Lines 1 through 4						
	i wa i i cim vo	•	(b) Title III	(c)	l g i coi (o) Emi	C 13 11111143 1 g 2 C	or (o) Emics I unot	*611 1			
ITEM		Admin	Programs	Total	Title III Programs Costs to be Matched Calculation:						
1. Costs to be Matched		Admin	Tiograms	Total	Pg 1 Line 13 col (c) + col (d) + col (e) + col (f) -						
2. Required Matching Percen	tages	25%	10.53%			es 1 through 4 col (& col (f)			
3. Minimum Required Match		2370	10.5570		minus 1 g 2 Eme	23 Tunough Teory	(c), cor (d), cor (c),	, α τοι (ι)			
4. Required Local Public Age		$g = Line 3 \times 25\%$			NOTE: Title III M	Match May be Pool	ed to Meet Minum	num Match Requir	ement		
SECTION C			<u> </u>	<u> </u>	SECTION D	<u> </u>		1			
	AREA PLA	N ADMINISTRAT	ION		LOC	CAL PUBLIC AGE	ENCIES MATCHI	NG CONTRIBUT	IONS		
		G CONTRIBUTION			LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS (Local Public Agencies Must Contribute At Least 25% of Total Minimum Match)						
Source	WHITEHH	Cash	In-Kind	Total		urce	Cash	In-Kind	Total		
					~ ~ ~						
5. TOTAL					6. TOTAL						

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AΓ	EQUATE	PROPO	RTI	ON, SUPP	ORTIVE SERVICES (IIIB)) OTO &	TRANSFE	RS	
BUDGET PERIOD:		[]ORIGINA	AL []	REVISION NO	GRANT NO.:	DATE:		PSA NO.:	
SECTION A					SECTION C		•		
ADEQUATE PROPORTION CALCUL	ATION				TRANSFER OF FUNDS (Do not inc	lude OTO)			
ITEM				Amount		Current Budget			New Budget
1. Total Supportive Services Federal Sh	are				Fund	Display	Increase	Decrease	Display
Page 6 Column (h)			+		1. III B Admin				
2. Less III B Ombudsman Federal Sh					2. III C-1 Admin				
Page 6 Column (h) Direct and Contra	ected		-		3. III C-2 Admin				
3. Less III B One-Time-Only					4. III B Ombudsman				
Page 6 Column (h) Direct and Contra	ected		-		5. III B Program				
4. Equals III B Supportive Services					6. III C-1 Program				
Base Allocation			=		7. III C-2 Program				
Service Category	Federal	% of		Approved					
Do not include OTO	Share	Base*		Percentage^	8. State B Ombudsman				
5. Information & Assistance					9. State B Program				
6. Case Management					10. State C-1 Congr Admin				
7. Assisted Transportation					11. State C-1 Congr Program				
8. Transportation					12. State C-2 Home Del Admin				
9. Outreach					13. State C-2 Home Del Program				
10. Total Access					14. State D Disease Prev				
11. Personal Care					15. State VII Ombudsman				
12. Homemaker					16. State VII Elder Abuse Prev				
13. Chore									
14. Visiting					17. NSIP C-1 Congr Program				
15. In-Home Respite					18. NSIP C-2 Home Del Program				
16. Alzheimer's Day Care									
17. Minor Home Modification									
18. Total In-Home									
19. Legal Assistance									
* Total Federal Share Divided by III B F	Base (line 3)								
^ As Approved in the Area Plan									
SECTION B									
III B ONE-TIME-ONLY ALLOCATIO	NS (List Progra	ams and Amo	unts):						

Department of Aging

SCHEDULE OF PAID PERSONNEL COSTS

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TITLE III AND VII PROGRAMS-ADMIN & DIRECT SERVICES

BUDGET PERIOD: [] ORIGINAL [] REVISION NO.: GRANT NO.: Direct Direct Direct No.: POSITION TITLE Admin Mill B Mill C-1 Mill C-2 Mill C-2 Mill D Mill C-3 Mill D Mill D
TOTAL SALARIES
PAYROLL TAXES
EMPLOYEE
BENEFITS BENEFITS
TOTAL PAID
PERSONNEL

SCHEDULE OF IN-KIND PERSONNEL COSTS

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TITLE III AND VIII PROGRAMS-ADMIN & DIRECT SERVICES

0 BUDGET PERIOD: [] ORIGINAL [
0		•			BUD		IOD:				[]0		[]R		0		0	
				Direct		Direct		Direct		Direct		Direct		Direct		Total		Non-
POSITION TITLE	%	Admin	%	III B	%	III C-1	%	III C-2	%	III D	%	VII Omb	%	VII EAP	%	Title III & VII	%	Title III & VII
TOTAL SALARIES																		
PAYROLL TAXES																		
EMPLOYEE																		
BENEFITS																		
TOTAL IN-KIND																		
PERSONNEL																		

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SCHEDULE OF SUPPORTIVE SERVICES (III B)

BUDGET PERIOD:	[] ORIGINAL	[] REVISION N	.:OV			DATE:				
	(a) Total	(b) Grant				(e)		N	(h)	
	Budgeted	Related	L	Con	tributions	State		Cor	ntributions	Federal
PROGRAMS	Costs	Income	(c)	Cash	(d) In-Kind	Funds	(f)	Cash	(g) In-Kind	Share
PART I					DIRECT	SERVICES				
Program Development										
Coordination										
TOTAL DIDECT HIR CEDINOES			-							
TOTAL DIRECT III B SERVICES					CONTRACTI	ED GEDVICEG				
PART II		1	1		CONTRACTI	ED SERVICES				
Personal Care (In-Home)*							-			
Homemaker (In-Home)*										
Chore (In-Home)*			-				-			
Adult Day/Health Care										
Case Management (Access)*										
Assisted Transportation (Access)*						_				
Transportation (Access)*										
Legal Assistance*										
Information & Assistance (Access)*										
Outreach (Access)*	************************************					5445000055000005500000550000055				
Other Services:		_								
a. Housing										
b. Alzheimer's (In-Home)*										
c. Security/Crime										
d. Health										
e. Mental Health										
f. Comm Svcs/Senior Center Mgt										
g. Employment										
h. Consumer										
i. Visiting (In-Home)*										
j. In-Home Respite (In-Home)*										
k. Minor Modification (In-Home)*										
1.				_						
Ombudsman						İ				
TOTAL CONTRACTED SERVICES										
TOTAL SUPPORTIVE SERVICES										
* Danatas Brigrity Sarvigas										'

^{*-}Denotes Priority Services

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SCHEDULE OF NUTRITION (III C-1 & III C-2) & DISEASE PREVENTION (III D) PROGRAMS

BUDGET PERIOD:		[] ORIGINAL	[] REVISION N	VO.:	GRANT NO.:		DATE:		PSA NO.:
	(a) Total	(b) Grant	(c)	Non	-Matching	(f)	N	latching	(i)
	Budgeted	Related			tributions	State	Con	ntributions	Federa
PROGRAMS	Costs	Income	NSIP	(d) Cash	(e) In-Kind	Funds	(g) Cash	(h) In-Kind	Share
	•	•	•		• ` `	•			•
III C-1									
Congregate Meals									
Nutrition Counseling									
Nutrition Education									
Гotal III С-1									
W C 2									
III C-2 Home Delivered Meals		T	1	1	1	T	1	1	1
Nutrition Counseling		-							
Nutrition Education		1							
Total III C-2									********************************
III D		T	Т					T	
Nutrition Counseling									
Nutrition Education									
Disease Prev & Health Promotion									
Medication Management									
Total III D								2	

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OTHER PROGRAMS ADMINISTERED BY THE AREA AGENCY

BUDGET PERIOD:		[] ORIGINAL			GRANT NO		DATE:		PSA NO.:
Funding Source		(a) Title III	(b) Title VII	(c)	(d)	(e)	(f)	(g)	(h) Total
Source		Title III	Title VII						Total
Local Funds	CASH								
Local Funds	IN-KIND								
State Funds	CASH								
Federal Funds	CASH								
Total Funds									
Funding		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Source		+	+	+					Total
Local Funds	CASH								
Local Funds									
	IN-KIND								
State Funds	IN-KIND CASH								